WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH 5874 County Huldwild	STATE OF MARYLAND CERTIFICATE OF DEATH
Janson Vanson	Registration Dist, No. 333
Village or City Dalishury (No. 4/13, 1	Semellery St.; S Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sungle MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)	that I last saw have alive on 4 6" 19151
yrs. mos ds. or mln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	John Spiring Wall
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or country) Caryland	Contributory Secondary (Duratlan) yrs. mos. ds.
10 NAME OF Grant Brewinger	(Signed) AD Printe, N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
of MOTHER Saley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Hare land	At place of death yrs. 2 mos. 4 ds. State yrs. 8 mos. 48
(informant) Talfing Sixty	Where was disease contracted, if not at place of death? Former or usual rasidence
(Address) Salishury JAJ 15 Frenchril 17" 1913 Mumor	Jauston Columber Space of Burial 20 UNDERTAKES 20 UNDERTAKES ADDRESS
REGISTRAR If more blanks are needed, address State Regist	trap, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For Vio-



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS Item of information should be CAUSE OF I

1 PLACE OF DEATH	5875
County Wicomica ()	Camden Dist. #13
Village or City Selisbury And	No 214 Mary land

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

Avest; /3 Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and oumber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE MARRIED, WIDOWED, ORDINARIED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF	Fuly / the 1849 (Year) It LESS than	that I last saw here alive on 18th 1915.
8 OCCUPA-	65 yrs 9 mos 7 ds 0R min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, pr particular ki (b) General business, or	rofession, or	12 from (Duration) yrs mos ds.
10 NA	ME OF THER Was less Of the	Contributory Secondary Secondary Con 1 year (Duration) yrs mos ds. (Signed) Contribution yrs mos ds.
Z (S	RTHPLACE FFATHER State or country) IDEN NAME F MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIR OF (S	ATTHPLACE MOTHER itate or country) OVE IS, TRUE TO, THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant	Am & Souls	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File Op	ril 18" 1915 NP Turner She	Mestminater Carroll 6º Md April 2125, 1915- 20 UNDERTAKER ADDRESS
		trar, DE. Franklin St., Ballo, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at begluuing of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or misearriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cte, when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations ou statement of For Vio-



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PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE

Village or City Jebron (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 33 / [it death occurred is a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Dangle 6 DATE OF BIRTH (Mouth) (Day (Year)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Jack 2 191 J., to 2 191 J., that I last saw be alive on 2 191 J.
7 AGE It LESS than	and that death occurred on the date stated above, at
1 day, Ahrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Shaws ds.
9 BIRTHPLACE (State or country) Mary land	Secondary (Duration) yrs mos ds.
10 NAME OF Samuel Birchead	(Signed) A. Cerailes , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
(Interment) Samuel Birdehead	If not at place of death?————————————————————————————————————
(Address) Allron Md. 18 Filed april 30 191 78. S. Phillips	Roch - a - walkin Complex Mary 1, 1915, 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (0)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaccause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonilis," etc. State ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," eause for For vio-

If this certificate is lo rect arer thoroughly and all questions answered in detail it will present further correspondence. All the data is estatifying must be obtained before the certificate is permanently field.

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V. S. No. 1.

1	PLACE	OF	DEAT

Files thril 12, 1915 N Mun

County Willemile

5477 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.,

Village or City Arrestland	Trakke S
A A	(No.

[It death occurred in hospital or institution.

FULL NAME Charlott & Bun	give Its NAME Instead at street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED, ORDIVE	16 DATE OF DEATH (Month) (Day (Year)
Date of Birth (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, that I last saw h SM alive on 1915,
If LESS than 1 day,hrs. 9 yrs mes ds ORmin.? SOCCUPATION (a) Trade, protession, or particular kind of work.	and that death occurred on the date stated above, at 4, m The CAUSE OF DEATH* was as follows: Jactro - Enterthy + old age
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 ds
* State or country) Maryland 10 NAME OF FATHER SALLY Barley	Secondary (Durallon) yrs mos ds (Signed) Works Al. 0
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER V V V V V V V V V V V V V	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place for the state of the state
(Address) Frantlind	19 PLACE OF BURIAL OR REMOVAL Printland Century 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at nome, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **STyphoid fever (never report "Typhoid disease); **Tobar pneumonia; **Bronchopneumonia disease of lungs, meninges, peritonaeum, etc., Carcinclesis of lungs, peritonaeum, peritonaeum, peritonaeum, peritonae

LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



Exact statement of OCCUPATION Is very

plnous

PHYSICIANS

should be stated EXACTLY.

Co	PLACE OF DEATH 5878	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Vil	FULL NAME Margie Pho	[If death a hospital st.: / 3. Ward) Ward a hospital or give its KAI or street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 1 S	ATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, GEO MARRIED, MAR	16 DATE OF DEATH (Month) (Day 17 I HEREBY CERTIFY, That Lattended dece April 24, 191, to April 27
(2	(Month) (Day (Year)	and that death occurred on the date stated above, at 10. The CAUSE OF DEATH* was as follows: Jennal Deflication and John States and States above, at 10.
bus	General nature of industry, siness, or establishment in Ich employed (or employer) IRTHPLACE (State or country) Manualana	Contributory Lemmhoral fyralling Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	(Signed) (Signe
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Claude Country C	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO RECENT RESIDENCE) At piace of death yrs. mos. 4 ds. State frs. mos. Where was disease contracted, if not at piace of death? Former or usual residence.
15 F&	(Address) Pear Gealin M. A. Offild Y , 1915 I Hurry REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR DIALIN CIMETERY ADDRESS 44 ALLWAYL ALLWAYL

[If death occurred in

a hospital or institution, give its NAME instead of street and nomber.]

ended deceased from

deaths from VIOLENT 2) whether Acciden-

TITUTIONS, TRANSIENTS.

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

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RECORD PERMANENT BINDING INK ESERVED UNFADING ARGIN

No.

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PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH should OCCUPATION Registration Dist. No PHYSICIANS lif death occurred in a hospital or Institution. give its NAME instead of street and nomber.] DEnns statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Year) (Write the word) (Day Exact I HEREBY CERTIFY, That I attended deceased from classified. pe (Month) (Day (Year) TAGE pinous If LESS than f day hrs OR min. ? .mos properly M BOCCUPATION AGI (a) Trada, profession, or particular kind of work. supplied. be (b) General nature of Industry, business, or establishment in may (Duration) which employed (or employer) certificate. Contributory BIRTHPLACE that it Secondary (State or country) 10 NAME OF FATHER 80 (Signed) 0 back ARENTS terms, 11 BIRTHPLACE should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. uo 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Informati = 13 BIRTHPLACE At place In the OF MOTHER of inform DEATH (State or country of death _____ yrs. mos. Where was disease contracted. If not at place of death? Former or OF Every Item CAUSE OF Important. usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Salto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the INSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Meanne Ilf death occurred in a hospital or Institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, widowed, Milanuel (Write the word) (Month) (Year) (Day I HEREBY CERTIFY. That I attended deceased from OF BIRTH 0 1880 Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Babo., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1/28/	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Wilomila	1. 1 . Niet: 023
	Q D Na	lushing sur Registration Dist. No. 333
Vil	1age or City Salisbury (No. 1)	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	MARRIED, Sungle	(Month) (Day (Year)
B D	Male a.a. ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	961 28 , 15 14 (Month) (Day (Year)	that I last saw h & alive on 4 4 1916
7 A	(1002)	and that death occurred on the date stated above, at
	CCUPATION) Trade, profession, or	Lobar Premovid
pa (b)) fraue, profession, or ricular kind of work) General nature of Industry, liness, or establishment in	
Whi	ich employed (or employer)	(Duration) yrs mos 6 ds.
В	(State or country)	Secondary
	10 NAME OF SHELLIAM / Allelam	(Signed) (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Masse Many	*State the DISEASE CAUSINO DEATH, OF, ID deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINO DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. 6 ds. State yrs mos. 6 ds
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) salislung Mg	19 PLACE OF BURIAL OR REMOVAL
16 Fi	Afril 7/ 1914 N.P. Jumer	Head he Crup Cometer Town 8 121.2.
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RECLIVED
MAY 5 1915
BUREAU, V.S.

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1 PLACE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF BIRTH 8 (Month) 7 AGE -- mos ----BOCCUPATION (a) Trade, profession, or

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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0	Burton Gordy	a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF	DEATH
16	DATE OF DEATH Ubnil	19 1915
	(Month)	(Day (Year)
à		attended deceased from
ar	at I last saw hun alive on April	above, at 2 P . m,
TI	" aussippe"	
	Contributory Service Deli	yrs mos 15 ds.
(S)	igned) Robert Ellegue mil 20 4, 1915 (Address) Delec	yrs mos. I ds. 24 M. D.
	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, or HOMICIDAL.	in deaths from VIOLENT d (2) whether Acciden-
A O W	CLENGTH OF RESIDENCE (FOR HOSEITALS. OR RECENT RESIDENTS) t place	INSTITUTIONS, TRANSIENTS, yrs, ds
11	ormer or sual residence	
1	g of difs bennetery	Spril 21, 1915
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PERSONAL AND STATISTICAL PARTICULARS MARRIEO, WIOOWEO, ORDIVORCED (Write the word) 8 82 (Day (Year) If LESS than 1 dayhrs. OR 7 particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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11 BIRTHPLACE

OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

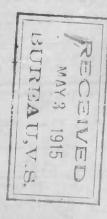
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-Statement of occupation terial worked on may form part of the second If retired from business, that fact may be indipal line is provided for the latter statement; ure of the business or industry, and therefore an d be used only when needed. o know (a) the kind of work and also (b) (a) Foreman, (b) Automobile factory. Women at home, who are engaged in the dally in industrial employments, it is nec-Never (b) Cotton mill; (a) Salesman, return mary fireman, etc. But in many tcct, Locomotive "Laborer," e statement of occupathe relative healthfulword or term on the n, irrespective of age. known. The question Farmer or Planter, As examples: "Foreman," cugineer. (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonacum, etc., Carcin-

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DEATH IN Pr.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Wickenine Registration Dist. If death occurred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) Month) (Dav I HEREBY CERTIFY. That Lattended deceased from 1.51 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs mos. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usoal residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

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5886 STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in ...Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDDWED. Month) ORDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ... (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State ____ Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL (Address) 15

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

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If more blanks are needed, address State Registrar, & M. Franklin St., Balto., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MAY 5 1915

BUREAU, V.S.

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1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Day (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(Day

St .:Ward)

(Month)

If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

(Year)

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RECEIVED
MAY 5 1915
BUREAU.V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REGORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Rockawalking No. 2 FULL NAME Alpheus Harr	STATE OF MARYLAND CERTIFICATE OF DEATH Co Dust, 2 Registration Dist. No. 33/ St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor or race Single, Married, Married, Month (Day (Year)) 4 COLOR OR RACE SINGLE, MARRIED,	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from (The company of the company of th
T/ yrs 3 mos / ds. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows:
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· If more blanks are needed, address State Regist	rar, 6 E. Franken St., Balto., Requesting V. S. No. 1. Md.

[Approved by U. S. Census and American Public Health Association.]

mine, ctc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name of ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," gin; "Canfor mallg-For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 4 1915

BUREAU, V.S.

V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Co	inty Wicomico	CERTIFICATE OF DEATH Registration Dist, No. 337
VIII	2FULL NAME Horatio Thomas	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Office 19 1915 (Worth) (Day (Year)
	May 15 the Month (Year)	that I last saw hum alive on april 19 1918
7 AC	7.3 yrs // mos // ds. OR min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. Takines		Suberculores
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Ouration) yrs yrs mas. ds
⁹ B1	RTHPLACE (State or country) Wreomies Co,	Secondary (Burellen)
PARENTS	11 BIRTHPLACE 11 BIRTHPLACE	(Signed) P. C. Cornana, M. B. Ophiel 19, 1915 (Address) Tebrus mos. ds
	(State or country) Niconies Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARE	12 MAIDEN NAME OF MOTHER (Mullipself agree Mastelel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country) Wiegunes Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds
14 _T	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ete. State cause for For Vio-



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PHYSICIANS should	of OCCUPATION I	
Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should	perly classified. Exact statement	
e carefully supplied. A	so that it may be pro	of certificate.
m of information should be	F DEATH in plain terms,	Important. See instructions on back of certificate.
Every Her	CAUSE O	Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE. DATE OF DEATH MARRIEO. WIDOWED. (Write the word) (Day attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than t day. hrs. 8 OCCUPATION (a) Trade, protession, or (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OFFATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ____ yrs. __ State _ ds. Where was disease contracted. It not at place of death? Former or usual residenca 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid disease."); Lobar gneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from genital," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-

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MAY 5 1915
BUREAU, V.S.

RECORD

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UNFADING INK-THIS

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WRITE

N. B.

	5198	
	PLACE OF DEATH County Maconnes	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 333
	me m	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
-	FULL NAME No manne	Jones .
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Colorer Race Single, Surgle MARRIED, Widowco, ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO	16 DATE OF DEATH (Day (Year)
1000	B DATE OF BIRTH April 19" 1915	April 19" 1913, to where 19", 1912.
	(Month) (Day (Year)	that I last saw h affre on aforil 19 61, 1916
100	YAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
	8 OCCUPATION (a) Trade, profession, or particular kind of work	Mes Car - at / month
	(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmgsds.
	9 BIRTHPLACE (State or country) Fruitland Ma	Contributory Secondary Duration yrs mos ds
	10 NAME OF FATHER funds funds	(Signed)
	OF FATHER (State or country Marylone of	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	of Mother Berthac Junes 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) marylane of	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Interment) Mary Harmy	Former or osual residence.
	(Address) Herbitland Inq	Durish in yord Date of Burial
	Figure 19, 191 5 N P Jurner REGISTRAR	Louis fores Trullond Address
	If more blanks are needed, address State Registre	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-

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RECEIVED MAY 5 1915 BUREAU.V.S.

RECORD PERMANENT stated EXACTLY. PLAINLY, WITH UNFADING INK-THIS IS WRITE

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very CAUSE OF Important. ż

of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

PLACE OF DEATH micomi



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	W	ard)	

[If death occurred in

	FULL NAME Margaret Ans	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Temale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH ASSAUL 19 , 1916 (Month) (Day (Year)
8 [PATE OF BIRTH August Seventh, 1829 (Morth) (Day (Year)	that I last saw help alive on Affile 8, 1915.
8 (i	SS yrs 8 mos 12 ds or min.? OCCUPATION a) Trade, profession, or Hand Sewing articular kind of work	and that death occurred on the date stated above, at 12 mm, The CAUSE OF DEATH* was as follows:
, M	of General nature of industry, Storme works islness, or establishment in his help of employed (or employer)	Contributory Secondary
TTS	10 NAME OF Perenial Davis 11 BIRTHPLACE	(Signed) SH Coleman, M. D. , 191 (Address) Statistics
PAREN	12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER OTHER OTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes, ds
15	(Informant) William F. Kelley (Address) Pittsville, Md. Rfd. 2	Where was disease contracted, If not at place of death? Former or usual residence 1.9 place of Burial or Removal in famely fural ground and the place of Burial rear Powlerwills and the place of the place of Burial
F	11ed 1916 1 - Cel	20 UNDERTAKER Tiff Liarlow willards

of If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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mia," "PUERPERAL peritonitis," etc. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sopsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report For vio-

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MAY 5 1915
BUREAU, V.S.

OCCUPATION PHYSICIANS statement. EXACTLY. BINDING Exact classified. pe should properly ы ۵ ESERVE supplied. pe UNFADING may 1018 1716 that MARGIN should plain Information c EATH PE Item 10 Every Item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 233 Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH WHOWED. Month) (Day (Write the word) (Year) I HEREBY CERTIFY. That A attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country yrs. A mos. LQ ds. ... YES. .. Where was disease confracted. supprosed OR REMOVAL DATE OF BURIAL 15 pril ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., ENto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ncss. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAYS 1915
BUREAU.V.S.

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RECORD

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Very pinous OCCUPATION PHYSICIANS 0 statement classified. pe should properi AG supplied. pe may certificate. 20 of back terms, piain Instructions 2 EATH See 0 Q Item OF Every Item CAUSE OF Important.

5×85 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la St .; / 3 Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Ouration) which amployed (or employar) Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed S 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death Yrs. Where was disease contracted. usual residence BURIAL OR REMOVAL (Address) 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wage should be taken to report specifically the oeeupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," cte., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (seeondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-





N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Salsbury (No.	State of Maryland CERTIFICATE OF DEATH St.; 3 Ward) St.; 4 Ward) Messick Messick St.; 4 Ward) St.; 4 Ward) Messick Messick St.; 4 Ward) St.; 5 Ward) St.; 4 Wa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Abril 9th 1915 (Mouth) (Day (Year)	that I last saw hom alma Born Head 1915
Boccupation (a) Trade, profession, or particular kind of work Trade, profession, or particular kind of work Portion Porticular kind of work Porticular kind of work	and that death occurred on the date stated above, at mother. The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which empluyed (or employer)	(Duration) yrs mos ds.
(State or country) Miconico Co 10 NAME OF FATHER Sugene Messick 11 BIRTHPLACE OF FATHER (State or country) Somerate Co 12 MAIDEN NAME OF MOTHER PLACE OF MO	(Signed) (Buration) yrs mos ds. (Signed) 33 3 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
13 BIRTHPLACE OF MOTHER (State or country) Pricomico Co, le	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the pt death yrs, mos. ds. State yrs, mos. ds
(Interment) Conglue M Messelle (Address) Salishing Md 16 Filed April 10,1915; May Junes.	Where was disease contracted, it not at place of death? Former or usuat residence. 19 PLACE OF BURIAL OR REMOVAL Parsons Coem. Salubury April 10 th, 1915. 20 UNDERTAKER ADDRESS The Hill Co. L.
2 feftor 4	crar, 6 E. Franklin A., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.

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1 PLACE OF DEATH

Village or City new Pullanes (No.

County Marmie



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Gathum: Michell

PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Francel	4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVERCED (Write the word) Muse	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF B		Giller 1 1 - 7Mar 19
	(Month) (Day (Year)	that I last saw h Acceptive on Mar 18 ,1915 -
7 AGE	If LESS tha	and that death occurred on the date stated above, atm,
	44 yrs 9 mos 6 ds 0R min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profe	ession, or Souss life	Tuberralozis of
(b) General nat business, or e which employed		(Duration) yrs mos ds.
9 BIRTHPLAC (State or	E .	Contributory Secondary
10 NAME FATE	John Hall	(Signed) & H. Courne, M. D.
Ш (Stat	te or country) Marcesle	*State the DISEASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
0.	EN NAME MOTHER Mengenel. 200000	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(Stat	other te or country) Macumes	At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
14 THE ABOV	RP. 1 W. 14' P.	If not at piace of death?
(Addres	ss) Villaville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL When Bureal James 4/2 1915
Filed #	2 ,191.5 J FLEED REGISTRAR	20 UNDERTAKER ADDRESS, MM C Parsons While will
	If more blanks are needed, address State Reg	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

9

County Waloniel	CERTIFICATE OF DEATH
Village or City Salisbury (No. Special No. 18 Oak	Registration Dist. No. 333 [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MINDOWED MODERAL OR DIVORCED (Write the word)	16 DATE OF DEATH AND 25 1, 1912 (Month) (Day (Year) 17 (I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH May (Month) (Day (Year) 7 AGE	that I last saw her alive on Opice 24 26, 1915
2 P yrs 10 mos 2 4 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	Alculy Aliliary districulosis (Duration) yrs mos , ds.
which employed (or employer) Parthelace (State or country) 10 NAME OF	Gentributory Secondary Secondary
11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D. C. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER Grabella Hagan 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
(Informant) William & Danley	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Sallsbury Mal 16 File Phoil 26", 1915 N P Jurner REGISTRAR	PLACE OF BURIAL OR REMOVAL Parone Cemeter April 27, 1915 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Botto, Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory Measles (disease causing "Seulle," etc.), "Dropsy," (Recommendations on statement of (seeondary or intercurrent) death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAYS 1915 BUREAU,V.S.

W. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Truitland (No. Trag	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 333 [if death occurred in a hospital or institution give its NAME instead of street and number.]
*FULL NAME and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	apr 13, 1913, to apr 13, 1915.
Tec 78, 1845	
(Month) (Day) (Year)	that I last saw h And alive on 13 ,191 J.
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
yrs. 3 mos. ds. OR. min.?	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or	Cheorie Interstitial Helperti
particular kind of work	f did to the did to
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) Marts Kyrosowys,
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Diration) vrs. A mos. ds.
10 NAME OF J. Valuer	(Signed) os. R. Modaughtu, M. D.
O 11 BIRTHPLACE	(Address) Just
Z OF FATHER (State or country) Not Known	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) That Keesew.	of death yrs mos ds. State yrs mes ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	Former or usual residence
(Address Truitland ma)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 14, 1915. May James,	20 UNDERTAKER & LOUISING ADDRESS
	r, 6 B. Franklin St., Balto., Requesting V. S. No. 1.
11 more blanch are meeting, address blate beging the	o, o a. Alemania att, Danto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetunus) may be stated under the head of childbirth or miscarriage, as "Purpresal septichargenitai," ample: Measles (disease causing death), 29 ds.. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICEDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma. Sarcoma. etc., of ... "Contributory." Bronchopmcumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can-Examples:



1 PLACE OF DEATH	5900 STATE OF MARYLAND CERTIFICATE OF DEATH
County Milonico	Registration Dist. No. 333
Village or City Salisbury (No. Pa	St.; 5 Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Brite the word) 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED, OR DIVERGED Michowed (Write the word)	Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from
Mong 25, 1477	that I jast saw h = alive on 2 2 , 1910
37 yrs 9 mos 2 ds or min.?	and that death occurred on the date stated above, at 11 9 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs mos di
which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs mos di
of 11 BIRTHPLACE alexander Parker	(Signed) KV. P. Warle. april 3, 191 d (Address) saleady mi
State or country) Maryland State or country) Maryland Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the of deathyrs, mos,ds. Stateyrs, mos,ds
(Informant) f. H. Parlaer	Where was disease contracted, if not at place of death? Former or usoal residence
15 Filed Spril 2 3:1915 M. Januar	Feliabury, Md. Cemetry 4/24, 1815 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Regist	The Will's Johnson Co. Shlisbury, M.d.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the honschold only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," cngincer, (6)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asralvular heart disease; Chronic interstitial nephrilis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhanstion," thenia," "Anacmia" (merely symptomatie), "Atrophy," ample: oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915° BUREAU, V.S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I

N. D.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

St.; 8 Ward)

[If death occurred in a hospifal or institution, give its NAME instead

*FULL NAME Martha E. Redd	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Firmale White Single, Married Whole (Write the word)	16 DATE OF DEATH Ofril 2/, 1915 (Month) (Day (Year)
8 DATE OF BIRTH Acc. 15-th , 1846. (Month) (Day (Year)	that I last saw h W allve on April 2/ 1915
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows: Rushined Complemation old w antici and antitul insufficience.
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country.)	Contributory Chronis diffuol refshire
10 NAME OF FATHER Obenezer Dykes 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Signe
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) MAS. E. M. Relly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Salisbury B. 7. D. #1 16 FINE Spril 21 1915 N P June REGISTRAR If more blanks are peeded address State Project	19 PLACE OF BURIAL OR REMOVAL Near Salisbury Mod Harris 2 2011, 1915 20 UNDERTAKE ALLESTO DIST ADDRESS THE Hill In Lolmon Co. Salisbury Trar, 6 E. Franklin St., Berto, Requesting V. S. No. 1.

BESTALAND

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular, heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencialnjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from The contributory (secondary or Intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

m

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(Address)

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT ACE should be stated EXACTLY. V of information should be carefully supplied. ACE should be significant to be properly classified. See instructions on back of certificate. UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important, S

or City Passicoke (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 08

-St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DATE OF BURIAL

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	edle Hate Single, single MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Of 17 , 191 S. (Year)
8 D.	ATE OF BIRTH (Month) (Day (Year)	that I last saw h see alive on Africa 4, 1915.
7 A	// yrs 3 mos 28 ds. 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 5 - 73.04 m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	OCCUPATION Trade, profession, or riticular kind of work Seneral nature of Industry, siness, or establishment in lich employed (or employer)	Correlation 7 yrs mos ds.
-	(State or country) Nanticoke Ind	Contributory Secondary (Buration) yrs mos ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed). 191. 5 (Address) Santacook January (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
114	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) Al place In the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Loca

Where was disease contracted, if not at place of death?

usual residence

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichoccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BURTAGAS

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

59113 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingle ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Gugust (Month) (Day (Year)	that I last saw has alive on Ly 1 7 ,1910'
7 AGE S mos ds. OR min.?	and that death occurred on the date stated above, at 6 mm, The CAUSE OF DEATH* was as follows:
* OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	Fem haus mas ds.
State or country) Leafard. Del.	Gontributory Secondary
10 NAME OF Joseph Tibbelk	(Signed)
11 BIRTHPLACE OF FATHER (State or country) Basenth, Lyria 12 Man MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Figure Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Sealud, Del.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds Where was disease contracted,
(Interment) Joseph Tellett	If not at place of death?————————————————————————————————————
(Address) Alelman, del.	Seafard, All 4/16/15, 191
Filed afr. 13, 1913. May June,	The Will & Whason Co, Salishury Ins
If more blanks are needed, address State Regis	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras genital," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



8. No.

5904 Very should state OCCUPATION IS PHYSICIANS Jo statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) stated classified. 4 pe (Month) (Day (Year) S TAGE It LESS than should 1 day,....hrs. INK-THIS properly AGE BOCCUPATION (a) Trade, protession, or particular kind of work supplied. pe (b) General nature of Industry, business, or establishment in UNFADING carefully supplied that it may if certificate. which employed (or employer) ... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0.0 WITH on back PARENTS 11 BIRTHPLACE should OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME ATH in plain OF MOTHER of Information 13 BIRTHPLACE OF MOTHER (State or country DEATH WRITE THE ABOVE IS TRUE TO THE BEST OF See OF important. Every Ite 15 1918 m REGISTRAR ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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	Regi	211	att	011	וע	St.	IN	O

.Ward)

fif death occurred in a hospital or institution. give its NAME instead of street and nomber.]

16 DATE OF I	DEATH CA	ril	(3	1913
		(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	I attended de	ceased fro
wril	13 , 196	4. to Og	sil 3	1916
	1	0%	100	,
		on afr		
ind that death	occurred on	the date state	d above, at //	2 1.
		as as follows:		
IIIO ONOGE O	PLAIN W	as as follows:		
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1-2-2	isseul	lar Es	uchren	ua)
	****************		11	
		(Duration)	yrs	mos
Contributo	ry K	hiratar	b Xail	0
Secondary		X		
********************	***********	(Duration)	yrs	mos 3-d
(Signed)	2. //	aun		
(SIRIEU)	and and and			
4/5-	, 191 60 (Add	iress) Luc	ulian	7. De
*State the				
CAUSES, Sta	te (1) MEANS	OF INJURY; a	nd (2) wheth	er Acciden
TAL, SUICIDA	L, or Homicia	DAL,		

PLACE OF BURIAL OR REMOVAL

Where was disease contracted,

It not at place of death?

Former or

usual residence.

DDRESS

DATE OF BURIAL

State _____ yrs. ___ mos. __

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

relei



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return Farmer (retired 6 yrs.) For persons "Laborer," "Forcman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerieral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of



FADIN

RECORD

PERMANENT

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Very pinous OCCUPATION PHYSICIANS ō statement classified. 29 should properly Lil AG supplied, be may certificate. that 20 terms, should plain instructions 2 EATH ō Q Item OF mportant. Every Ite

5905 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME Instead of street and number.] no mame Vo PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. Jung. DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than t day,hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment In (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE ... (Address) (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. __ mos. __ _ ds. State _ Where was disease contracted.

ME.

15 REGISTRAR

Former or usual residence DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If not at place of death?..

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

County Maconies	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Mela Followill (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule While Single, Married, Widowed, On Divorced (Write the word) Munner	16 DATE OF DEATH
2 /3 , 1.85.9 . (Month) (Day (Year)	that I last saw his cally on africal 4, 1915.
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Turning Language Recordary
11 BIRTHPLACE OF FATHER (State or country) Morcester CV 12 MAIDEN NAME	(Signed) (Signed) (No. 1916) (Address) J. (Signed) (No. 1916) (Address) (Address) (No. 1916) (Address) (No. 1916) (No. 19
of Mother Samey. Dennis 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

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PHYSICIANS should of OCCUPATION RECORD PERMANENT 4 properi ZX supplied. UNFADING 08 jo back EATH in plain WRITE FO mportant. Every Ite

5907 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist, No. If death occurred in St .:--Ward) a hospital or institution. give its NAME instead ot street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WICOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE It LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State of country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. ... State Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 5908 County Wisomico -th R	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Deles bury (No. 301 W	Registration Dist. No. 333. Compared to the state of the
TOLL HAML	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE MARRIED, MIDOWED, DROIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH July (Month) (Day (Year)	that I last saw h maily on Office (U 1915)
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	
which employed (or employer) **BIRTHPLACE (State or country) charles Jallot Cr.	Contributory Pulument Contributory Pulument Contributory
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) M. D. Glave 10, 1915 (Address) Fulishing and
11 BIRTHPLACE OF FATHER (State or country) Buch Co Pa 12 MAIDEN NAME OF MOTHER Dorah Daibles	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,
13 BIRTHPLACE OF MOTHER (State or country) Bucks Co Pa 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT REBIOENTS) At place to the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
(Interment) Morris a Walton (Address) Dalisbury Moryland	Former or OSUAT residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DOM
Fited Opin 10, 1915. Gray Turners DeputyREGISTRAR	Persons Come Dalisbury Md. April 19th 1915- 20 UNDERTAKER The Reell & John Don for Soliabure
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Valto., Requesting V. S. No. 1.

mod.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. eated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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. V. S. No. 1.

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5909

STATE OF MARYLAND CERTIFICATE OF DEATH

330 Registration Dist. No.

St.; -Ward)

If death occurred is a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County.

Village or City

much

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	EMale Acolor or race Single, Married, Willowed, Or on voorce (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw has alive on March. 29 1913
TAC		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	Trade, profession, or ricular kind of work. General nature of Industry, iness, or establishment in ch employed (or employer) RTHPLACE	Cancer of face (Ouration)
RENTS	10 NAME OF FATHER Scane / V. Mright 11 BIRTHPLACE OF FATHER (State or country) Micomico Co. 12 MAIDEN NAME	(Signed) (Boration) yrs mos ds. (Signed) (Signed) (Address) (Address) (Signed) (Sig
14 T	OF MOTHER Stienes Smowks. 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?
16	(Informani) Albert J. Neatherly (Address) Mardels Spage HII.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WESTON, MA April 3, 1915
File	ed19tREGISTRAR	20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "lleart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-

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MAY 7 1915
BUREAU, V.S.

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N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS WITH PLAINLY. WRITE

County Macin row 5910



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Ilf death occurred in

FULL NAME Matilda & . NA	St.; Ward) a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Seft 29 for 1944 (Month) (Day (Year)	that I last saw h. Wallve on age 3, 1915.
TAGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at G A m, The CAUSE OF DEATH was as follows: Splittle
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory A Secondary
10 NAME OF FATHER Joseph, S. Webster 11 BIRTHPLATE OF FATHER (State or country) Maryland 12 Maiden Name 2 OF MOTHER	(Signed)
of Mother Marida Singhan 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE (Informant) (Address). Pat Daniel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Al 16 1918 Later Hadler	astery 106 Ceruly affel 6 1916

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

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BUREAU, V.S.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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fif death occurred in Village or City / Mar St.: Ward a hospital or institution. give its NAME Inclead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RAGE DATE OF DEATH MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER / *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ State ____ vrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL 15

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REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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5912 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Wacomier Registration Dist. No if death occurred in a hospital or Institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIOOWED. (Day ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day TAGE If LESS than and that death occurred on the date stated 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. Where was disease contracted. BEST OF MY If not at place of death? Former or usuai residence BURIAL OR REMOVAL DATE OF BURIAL 15 DDRESS REGISTRAR

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